



STATE OF NEBRASKA

Department of Health and Human Services
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117

APPLICATION FOR A LICENSE AS A NURSING HOME ADMINISTRATOR

SECTION A – PERSONAL INFORMATION (the following information is public information and can be found on the INTERNET under www.hhs.state.ne.us/lis/lis.asp)

1	Name:	First:	Middle:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip Code:
3	Date of Birth:		Place of Birth:	
<p>➡ Attach a photocopy of your birth certificate or equivalent documentation</p>				
<p>The following information is not public</p> <p>Social Security Number: #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)</p>				
<p>Phone number – optional:</p>				

This section (Section B) does not apply to applicants holding a current license as a Nursing Administrator in another state

SECTION B – ADMINISTRATOR-IN-TRAINING OR MENTORING PROGRAM: (Check appropriate program below:	
<input type="checkbox"/>	AIT: I have completed at least six hundred forty (640) hours in an administrator-in-training program in NOT less than four (4) months.
<input type="checkbox"/>	MENTORING PROGRAM: I have completed at least six hundred forty (640) hours in a mentoring program in NOT less than four (4) months.

SECTION C – LICENSE FEES: Check all categories that apply

Required Fee

<input type="checkbox"/>	Initial Licensure (examination fee must be paid directly to NAB)	See Chart Below for Nebraska License Fees
<input type="checkbox"/>	Reciprocity Licensure (licensed in another state)	

Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is **\$62.00**. If the month falls in the unshaded area, the fee for initial licensure is **\$61.00** or **\$26.00** dollars if your license is issued within 180 days of the renewal.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$61	\$61	\$61	\$61	\$61	\$61	\$26	\$26	\$26	\$26	\$26	\$26
Odd Numbered Year	\$62	\$62	\$62	\$62	\$62	\$62	\$62	\$62	\$62	\$62	\$62	\$62

Make payable to: CREDENTIALING DIVISION

NOTE: Licenses Expire December 31st of even-numbered years.

SECTION D – CONVICTON INFORMATION AND LICENSURE INFORMATION:				
			Yes	No
1	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, state what crime, date of conviction, name, location of court (City, County, State)			
	Crime	Date of Conviction	Name and Location of Court (City, County, State)	
2	ARE YOU LICENSED OR CERTIFIED IN ANOTHER STATE?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, list the profession and State of Licensure:			
3	HAVE YOU EVER BEEN DENIED LICENSURE OR REFUSED RENEWAL (not driver's license)?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe the circumstances surrounding the denial or refusal.			
4	IF LICENSED IN ANOTHER STATE, HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR PROFESSIONAL LICENSE (not driver's license)?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, state what action was taken and enclose a copy of the action.			
➔ IF CONVICTED, SUBMIT official court records which indicate, the circumstances and nature of the conviction, the date of the conviction, the name and location of court where the conviction was issued, the conditions and current disposition of probation, if applicable, treatment records, and other similar documentation which would provide a thorough evaluation of the conviction circumstances or may be requested by the Board				
➔ IF LICENSED IN ANOTHER STATE, SUBMIT certification of such license (ATTACHMENT E2)				

SECTION E - ATTESTATION

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced in Nebraska without a nursing home administrator credential prior to this application for licensure;
or
☐ I have practiced in Nebraska without a nursing home administrator credential prior to this application for licensure (does not include the time you may have held a provisional, mentoring registration or administrator-in-training registration).

_____ number of days in Nebraska prior to July 1, 2004

_____ number of days in Nebraska after July 1, 2004

 (Signature of Applicant)

_____ date

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ATTACHMENT E2

CERTIFICATION OF LICENSURE AS A NURSING HOME ADMINISTRATOR

(Must be completed by certifying/licensing agency in the State(s) in which you are licensed)
(Print or Type)

Our records indicate that _____ was licensed
(Applicant Name)

as a _____ Nursing Home Administrator, __ Administrator of a Domicillary or _____ Administrator of a
Residential Care Facility, on _____, _____, license number _____,
Expiration date of _____.

It is further verified that based on the records in this department, the applicant's license has: a) had disciplinary
action imposed, Yes _____ No _____; b) been denied certification/licensure, Yes _____,
No _____; or c) been refused renewal, Yes _____ No _____. If yes to any of the above,
please explain:

And d) has been maintained in good standing up to and including the present date, Yes _____ No _____.

Date: _____

Signature (No Stamp)

Printed Name and Title

OPTIONAL:

Telephone No: (_____) _____
Area Code

Licensing Agency

Address

(S E A L)

City/State/Zip Code